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## FAX TRANSMISSION

To	USPTO
Examiner	Joseph R. Kosack
Fax Number	(571) 273-8300
From	Michael C. Badia
Date	December 6, 2005
Application No.	10/821,793
Attorney Docket No.	VPI/03-170 US
Response to Restriction Requirement	
Total Pages	11

### Message or Comment

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Attorney Docket No.: VPI/03-170 US

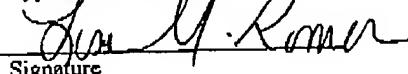
## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Examiner : Joseph R. Kosack  
Group No. : 1626  
Applicant(s) : Luc J. Farmer et al.  
Serial No. : 10/821,793  
Confirmation No. : 9337  
Filed : April 9, 2004  
Title : INHIBITORS OF SERINE PROTEASES,  
PARTICULARLY HCV NS3-NS4A  
PROTEASE

## Certificate of Facsimile Transmission Under 37 CFR §1.8

I hereby certify that this correspondence and any documents referred to as attached hereto is/are being  
facsimile transmitted to the United States Patent and Trademark Office on December 6, 2005.

Lisa M. Romano  
Typed or Printed Name



Signature

December 6, 2005  
Cambridge, Massachusetts

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

TRANSMITTAL LETTER

Sir:

Transmitted herewith:  a Response to Restriction Requirement;  a Petition for Extension of Time;  a substitute Specification;  a Declaration;  a Supplemental Declaration;  a Power of Attorney;  an Associate Power of Attorney;  formal drawings;  Notice of Appeal;  Appeal Brief;  Petition for Revival; to be filed in the above-identified patent application.

Applicants: Luc J. Farmer et al.  
Application No. 10/821,793

FEE FOR ADDITIONAL CLAIMS

A fee for additional claims is not required.

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The additional fee has been calculated as shown below:

CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEES
TOTAL CLAIMS	- 34	* =	X \$ 50	= \$ 0
INDEPENDENT CLAIMS	- 6	** =	X \$200	= \$ 0
FIRST PRESENTATION OF A MULTIPLE DEPENDENT CLAIM			+ \$360	= \$

\* If less than 20, insert 20.

TOTAL \$ 0

\*\* If less than 3, insert 3.

A check in the amount of \$\_\_\_\_ in payment of the filing fee is transmitted herewith.

Please charge \$\_\_\_\_ to Deposit Account No. 50-0725 in payment of the filing fee. A duplicate copy of this transmittal letter is transmitted herewith.

The Director is hereby authorized to charge payment of any additional filing fees required under 37 C.F.R. § 1.16, in connection with the paper(s) transmitted herewith, or credit any overpayment of same, to deposit Account No. 50-0725. A duplicate copy of this transmittal letter is transmitted herewith.

Applicants: Luc J. Farmer et al.  
Application No. 10/821,793

EXTENSION FEE

The following extension is applicable to the Response filed herewith;  \$120.00 extension fee for response within first month pursuant to 37 C.F.R. § 1.136(a);  \$450.00 extension fee for response within second month pursuant to 37 C.F.R. § 1.136(a);  \$1,020.00 extension fee for response within third month pursuant to 37 C.F.R. § 1.136(a);  \$1,590.00 extension fee for response within fourth month pursuant to 37 C.F.R. § 1.136(a);  \$2,160.00 within fifth month pursuant to 37 C.F.R. § 1.136(a).

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MISCELLANEOUS FEES

Please charge \$ \_\_\_\_\_ to Deposit Account No. 50-0725 in payment of the for \_\_\_\_\_ (37 C.F.R. § \_\_\_\_\_).

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Respectfully submitted,

  
Michael C. Badia, Reg. No. 51,424  
Agent for Applicants  
c/o Vertex Pharmaceuticals Incorporated  
130 Waverly Street  
Cambridge, Massachusetts 02139  
Tel: (617) 444-6467  
Fax: (617) 444-6483

Attorney Docket No.: VPI/03-170 US

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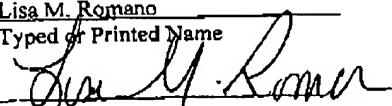
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Application No. 10/821,793

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